

Foster Family Home - Corrective Action Report

Provider ID: 1-100089

Home Name: Severino Fernandez, CNA

Review ID: 1-100089-7

94-1038 Hahana Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 12/14/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)
Home inspection completed for a 3 person CCFFH recertification.

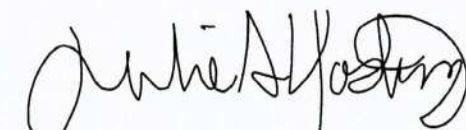
- Home inspection completed for a 3 person CCFFH recertification
Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 1/13/2020

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)
CG#1 with a [REDACTED]



Compliance Manager



Primary Care Giver

12/14/2020

Date

12/14/2020

Date